



Protocol for remote consent for treatment in Oncology

Guidance

Background

This guidance has been put in place in response to COVID-19 pandemic but also reflects some contemporary approaches to cancer follow up.

Consenting for treatment from a virtual clinic

A virtual clinic will be conducted by telephone or approved video consultation platform, usually at the same time as the planned face-to-face clinic. A virtual clinic should be conducted in a private environment with limited external noise (ideally not a joint office or open plan environment). The HCP will have access to the electronic patient record, ideally with a double screen device (and additional paper record if necessary). The HCP will be provided with a clinic list (electronic or paper) and contact details **including email address**.

1. Following the instructions for preparing and conducting a virtual consultation, call patient or contact patient via suitable VC platform.
2. Identify yourself (name and title) and identify the patient (full name, date of birth and address) and confirm that patient is happy to proceed with consultation.
3. Conduct consultation in the usual manner.
4. Patient treatment information
 - a. Signpost to trust website/Macmillan/Cancer research UK websites where online versions of treatment information is available
 - b. Offer to email website links/PDF information to patient
5. Consent
 - a. Verbally consent patient including proposed treatment, treatment intent, benefits, risks and what would happen if the patient chose to do nothing
 - b. Complete paper copy of consent form(s) for patient including clinician signature/date
 - c. Ask patient whether they are happy for this to be emailed to their personal email address
 - i. If so- this will be emailed to them along with the treatment information
 - ii. This can be printed off at home and signed and brought to their planning/treatment visit
 - iii. If not- this will be available for them to read and sign when they attend for their first planning/treatment visit.
 - iv. Explain that confirmation of consent will be obtained by an appropriate HCP at that visit.
6. Confirm email address with patient and explain that the information will usually be emailed to them within 2-3 working days (by radiotherapy and/or SACT booking teams).
7. Documentation
 - a. Document fully the date and time the telephone/video conference took place
 - b. Detail the discussion that took place, including proposed treatment, treatment intent, benefits, risks and what would happen if the patient chose to do nothing
 - c. Ensure that a full annotation is typed up and recorded on the patients electronic notes with a copy of the letter sent to the patient as this confirms consent was given
 - d. For patients having SACT- ask patient their height and weight/check EPR for documented height/weight and enter onto iQemo (and document that given verbally by patient)
8. Radiotherapy Booking Form

- a. Indicate on radiotherapy booking form that patient has indicated their verbal consent for treatment
 - b. Include the patient's email address in the free text section
 - c. Include list of required information leaflets (if not already indicated on the consent form)
9. SACT Booking form
- a. Indicate on SACT booking form that patient has indicated their verbal consent for treatment
 - b. Include the patient's email address in the free text section
 - c. Include list of required information leaflets (if not already indicated on the consent form)
10. For clinics at LTHTR and peripheral hospitals
- a. RT and SACT consent forms should be sent to the RT and SACT booking offices according to usual processes
11. For clinicians working remotely
- a. RT and SACT consent forms should be scanned and securely emailed to the RT/SACT booking office
12. For radiotherapy the booking team will:
- a. Confirm patient's email with the patient and that they consent to receive their consent form by email
 - b. Scan paper copy of RT consent form
 - c. Email patient with the required information
 - i. Scanned copy of RT consent form
 - ii. RT information leaflet PDFs
 - d. Paper copy consent form (not signed by patient) will be put in RT planning pack as usual
 - e. Confirmation of consent will be obtained by radiographers at time of attendance for planning scan
 - i. When the patient attends the unit for treatment, confirmation of consent should be "You have had a discussion on *date/time* and have consented to XXXX treatment – are you still happy to proceed?"
 - ii. The annotation must be available with full details of the discussion and it should be confirmed that the patient has received a copy of the letter.
13. For SACT the booking team will:
- a. Confirm patient's email with the patient and that they consent to receive their consent form by email
 - b. Scan paper copy CRUK SACT consent form (not signed by patient)
 - c. Email patient with the required information
 - i. Scanned copy of CRUK SACT consent form
 - ii. CRUK/Macmillan information
 - d. Confirmation of consent will be obtained by chemotherapy nurse at time of attendance for pre-assessment/first treatment
 - i. Height and weight will be confirmed/checked with prescription
 - ii. When the patient attends the unit for treatment, confirmation of consent should be "You have had a discussion on *date/time* and have consented to XXXX treatment – are you still happy to proceed?"
 - iii. The annotation must be available with full details of the discussion and it should be confirmed that the patient has received a copy of the letter.

Template for email to patients

Dear *patient name and identification details (DOB/nhs number)*

As discussed at your recent (telephone/video) consultation with your oncology team, please find attached:

- 1) Your treatment consent form for you to read and print (if possible) and sign/date. Please bring this with you to your first appointment
- 2) The following information leaflets about your planned treatment

Yours sincerely

Radiotherapy/SACT booking team